

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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50						
Total Indep						
Total Depend						
Total Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	/						51							
2	/	/					52							
3	/	/					53							
4	/	/					54							
5	/	/					55							
6	/	/					56							
7	/	/					57							
8	/	/					58							
9	/	/					59							
10	/	/					60							
11	/	/					61							
12	/	/					62							
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14	/	/					64							
15	/	/					65							
16	/	/					66							
17	/	/					67							
18	/	/					68							
19	/	/					69							
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46	/	/					96							
47	/	/					97							
48	/	/					98							
49	/	/					99							
50	/	/					100							
Total	5						Total							
Indep							Indep							
Total	8						Total							
Depend							Depend							
Total	13						Total							
Claims							Claims							